STATE OF MICHIGAN
DEPARTMENT OF COMMUNITY HEALTH
Certificate of Need Commission

ORAL TESTIMONY
PUBLIC HEARING FOR MRT SERVICES REVIEW STANDARDS

Friday, July 11, 2003
Michigan Library and Historical Center
702 West Kalamazoo
Lansing, Michigan

Approximately 22 people were in attendance.

(Proceedings scheduled to start at 10:00 a.m.; actual start time was 10:03 a.m.)

MS. ROGERS: Good morning. My name is Brenda Rogers. I'm special assistant to the Certificate of Need Commission from the Department of Community Health. Chairperson Renee Turner-Bailey has asked the Department to conduct today's hearing. We are here today to take testimony concerning potential language revisions to the review standards for megavoltage radiation therapy (MRT) services/units. Please be sure that you have signed the sign-in log located on the table in the back. Copies of the current CON review standards can be found on the table, as well as cards to be completed if you wish to provide testimony. Please hand your card to me if you wish to speak. Additionally, if you have written testimony and/or other documentation/data pertaining to any potential modifications to the CON review standards, please provide a copy as well. As indicated on the card, written testimony and/or other documentation/data may be provided to the Department through July 18th, 2003, by 5:00 p.m.

We will begin the hearing by taking testimony from those of you who wish to speak. Please print your name on the sheet located at the podium. The hearing will continue until all testimony has been given, at which time we will adjourn. Today is Friday, July 11th, 2003, and we are now taking testimony.

MS. ROGERS: have Jeff Richer, Karmanos Cancer Institute, Weisberg Cancer Treatment Center.

MR. RICHER: Good morning. My name is Jeff Richer. I'm the medical physicist at the Weisberg Cancer Treatment Center, which is a satellite clinic of the Gershenson Radiation Oncology Department, a division of the Karmanos Cancer Institute.

In lieu of Dr. Jeffrey Foreman presenting this presentation today, I've come to supplant him. Unfortunately I'm a little bit unprepared. But I think we make an interesting case

for the change in the guidelines for the CON for IMRT, which stands for intensity modulated radiotherapy.

Now, IMRT is a very complex treatment process. It involves a very complicated treatment planning process, which is a departure from what we usually do for our regular 3-D conformal treatments.

There are a bunch of different way IMRT can be delivered. Roughly 80 percent of people who are doing IMRT are delivering it via a step-and-shoot technique involving multiple segments of the radiation beam being broken up and delivered over a period of time. In comparison to 3-D conformal therapy, we find, and I have data to support, that the average treatment visit is roughly 1.7 to 2 times longer for an IMRT patient versus a 3-D conformal patient. And that's basically due, in part, to the delivery time and to the added complexity of the setup.

So my specific recommendation to the CON Committee in terms of reviewing the standards is that under the category of very complex treatment visit we have a new category added to that called intensity modulated radiotherapy, and we give it a weight of a 2. So outside of that specific recommendation, I don't really have much else to say. I have some data to support that, and I'll submit that to the commission. I don't have a -- I'd like to present a more elaborate, you know, write-up and justification of the things that we have here. I can still submit that by the 18th deadline I'm assuming.

MS. ROGERS: That is correct.

MR. RICHER: Great. So I'll just supply you guys with this, and that's it. Thanks.

MS. ROGERS: Thank you. Robert Marquardt, Memorial Medical Center of West Michigan.

MR. MARQUARDT: Hello. My name is Bob Marquardt. I am the president and CEO of Memorial Medical Center of West Michigan, which is located in Ludington, Michigan. The purpose of my testimony today is to request a review of the current rural exception for initiation of the new MRT servicer unit.

Memorial serves the west central portion of the Lower Peninsula of the state. The hospital has 95 licensed hospital beds consisting of 81 licensed medical-surgical acute-care beds and 14 psychiatric beds. Memorial Medical Center serves a population of approximately 89,000 people in a rural service area which covers Mason County, where the hospital is located, as well as patients from the surrounding counties of Lake, Oceana and Manistee; however, as shown on the map submitted with our written materials today, Mason County does not have any megavoltage radiation therapy providers. Additionally, no county immediately adjacent to Mason County has any MRT services or units.

The CON standards for megavoltage radiation therapy services and units were revised in 1998 to include a special rural exception. The rural exception applies to hospitals with more than 90 hospital beds. We are not aware of any rational basis or scientific evidence correlating the number of hospital beds to a quality MRT service. Typically 95 percent or more of MRT procedures are performed on hospital outpatients, and many MRTs are operated as freestanding centers, which hold no licensure.

Since the adoption of the rural exception the Michigan Department of Community Health has interpreted this language to apply only to a hospital with at least 90 acute-care hospital beds. Although Memorial has 95 total hospital beds, only 81 of these beds are acute care. The remaining beds are for -- are inpatient psychiatric services; thus, it is disqualified from meeting the current rural exception and precluded from providing better access to MRT services to individuals within Mason County and the surrounding service area.

As outlined in our written materials, rural populations tend to be older and poorer than their urban counterparts. This holds true for the four counties of Lake, Manistee, Mason and Oceana served by Memorial. Within the service area, 17.2 percent of the population is over age 65 as compared with 12.3 percent for the rest of the state. The service area also has a higher median age and lower median household income than state average. In short, the Memorial service population is both older and poorer than other regions of Michigan.

Unfortunately lower income and age often correlate with adverse health status due to higher incidence of certain diseases and less effective medical treatment. Cancer data for the Memorial Medical Center service area shows that the region experienced 55.6 new cancer cases on an age adjusted basis per 10,000 persons in 2,000, as compared with 49.4 per 10,000 persons for the state as a whole. This is 12.6 percent higher than the state rate.

The region will also experience an average of 20.6 cancer deaths on an age-adjusted basis per 10,000 persons compared to a state rate of 20.3. This age-adjusted death rate is 1.5 percent higher than the state rate.

One factor that potentially contributes to the higher death rate from cancer in the service area is the lack of access to radiation therapy services. Patients in the service area must travel at least one hour and often much longer one way to receive what is often a 15-minute radiation therapy procedure. The closest radiation therapy site is Muskegon, which is just over 60 miles one way from Memorial Medical Center and one hour and four minutes distant, based on Mapquest, under ideal road conditions. An alternative MRT service in Reed City is 49.76 miles away based on Mapquest travel information. However, the average travel time to Reed City from Memorial exceeds one hour because all travel is on two-lane highways.

Total distance both ways for radiation therapy per visit in the Memorial service area ranges from 120 miles to 194 miles, with total travel time ranging from approximately 2

hours and 10 minutes to approximately 4.5 hours per visit. Over the course of radiation therapy treatment, patients and family or friends who accompany them because of their illness may spend between 50 and 85 or more total hours traveling for approximately 6 hours of radiation therapy treatment. During late fall and winter months, travel times within the service area can be significantly longer. Lake effect snowstorms are legendary in West Michigan, with heavier snowfalls than other parts of the Lower Peninsula. Lake effect snow often increases travel times in winter or makes travel impossible. In fact, the mean annual snowfall for West Michigan is 88.39 inches compared to 49.02 inches for Southeast Michigan.

While these distances and travel times can be daunting for a patient struggling with cancer, the extended travel distance within the service area for radiation therapy also is expensive. Transportation expenses alone are estimated at $1,089, based on an average of 23 to 30 radiation therapy visits and 121-mile round-trip travel.

As the Memorial service area doesn't have any public transportation, private automobile is the only means of transportation for MRT patients. Also few cancer patients are able to drive themselves, so many must rely on relatives, friends or charitable organizations to provide transportation. This often places extreme burdens on family members who must balance work and family issues with the need to provide transportation to the therapy site. In several cases we are aware of family members who lost their jobs and the associated medical insurance because transportation obligations for cancer patients seeking radiation therapy interfered with their job responsibilities.

There is also strong anecdotal evidence from area physicians that the absence of readily available radiation therapy adversely influences patient choice for medical treatment. For example, we are aware of a number of women who have opted for a full mastectomy for breast cancer rather than a less radical course of treatment consisting of lumpectomy and radiation therapy. Notably the mastectomy incident rates for the four-county service area are much higher than for Muskegon or Kent Counties, both of which have radiation therapy services. This is particularly significant given that breast and prostate cancer accounted for over 33 percent of all new cancer cases diagnosed in the region. Available statistics show that incidence of newly diagnosed cancer cases and the cancer death rate in the region is higher than the state averages. There is further evidence that the lack of access to care can be associated with increased surgical morbidity, especially that associated with breast cancer.

The point of these statistics is that there is an unmet need for radiation therapy services within the Memorial service area; thus, we are requesting the CON Commission to adopt minor revisions to the rural exception for MRT services in the existing CON standards which would permit Memorial to qualify for an MRT unit. Proposed revisions to current CON standards would be limited and consistent with CON program goals of cost, quality and access. Cost would be limited, as there would be a very limited increase in the number of CON approved MRT units under the proposed language. Quality of care would be assured under existing CON standards. All entities

approved to provide MRT services must agree to meet CON project delivery requirements. Additionally, although we do not believe that hospital size is necessarily an indicator as to whether a rural hospital could ensure the quality of MRT programs, only hospitals with at least 80 beds and 2,500 admissions per year could qualify under the proposed language. There is no rational basis for the current 90 bed hospital requirement versus and 80 bed requirement.

Most importantly the proposed changes would permit the addition of an MRT service at Memorial to address access to radiation therapy in the region. We submit that it would be unlikely that residents in Southeastern Michigan would tolerate the degree of inconvenience and limitation on cancer treatment choices which has resulted under the current MRT standards. Every citizen in Michigan with cancer deserves the same opportunity to obtain appropriate cancer treatment, including radiation therapy, from a conveniently located provider. The lack of access to radiation therapy in the service area is unacceptable and results in a lower standard of medical care in the region. It is particularly incongruous that a region of the state with higher incidence of diagnosis and death due to cancer should be restricted for more immediate access to radiation therapy.

Proposed CON standards would leave the current rural exception intact, but add an alternative provision which would permit a licensed hospital within a rural county to qualify if the county does not have and is not immediately adjacent to a county within the planning area with any CON approved MRT services or units. The licensed hospital site has 80 or more licensed hospital beds and at least 2,500 acute-care inpatient hospital admissions during the most recent 12-month period of operation, and the proposed site is at least 60 minutes average driving from the nearest existing MRT's unit or service.

We have submitted draft standards with our written testimony for further consider by the Department and the CON Commission. Thank you for the opportunity to bring this important issue before the CON Commission and the Department of Community Health. I would be happy to answer any questions that you might have.

MS. ROGERS: Thank you. Amy Barkholz, MHA?

MS. BARKHOLZ: Good morning. I'm Amy Barkholz from the Michigan Health and Hospital Associates. Thank you for scheduling a public hearing on the issue of MRT services. The Michigan Health and Hospital Association supports changes to the MRT standards to accommodate the use of intensity modulated radiation therapy or IMRT. This is a more advanced procedure that allows for a greater degree of accuracy in radiation therapy. Because this procedure is more exact, it takes longer to perform treatment. This additional time should be factored into the MRT volume methodology. We support further review of this issue to determine the best way to accomplish this important change.

In addition, the MHA supports further review of MRT standards as it relates to the rural exception and the issues outlined previously by Mr. Marquardt. Thank you.

MS. ROGERS: Thank you. I have no additional cards. Is there anyone who wishes to provide additional testimony regarding MRT? Hearing none, it is 10:23. We will adjourn this hearing, and we will recess until 10:30 where we will address the issue of CT, computed tomography. Thank you.

(Proceedings concluded at approximately 10:23 a.m.))